

(b) The congestive hyperæmia should be discontinued, and the fistulæ injected with corrosive solutions,—preferably with cupr. sulph., zinc. sulph., āā 10.0; aqu. destillat., 120.0.

(c) Sequestra should be operatively removed.

(5) The presence of large abscesses is a contraindication to the congestive treatment.

(6) Good results are obtained by congestive hypertrophy in cases of tuberculosis of the testicle and in tuberculous tendo-synovitis.

(7) This treatment is also applicable to chronic articular rheumatism, arthritis deformans, sequelæ of acute articular rheumatism, and of gonorrhœal arthritis.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXIII Kongress, 1894.

**VIII. The Treatment of Surgical Tuberculosis by Congestive Hyperæmia.** By Dr. ZELLER (Berlin). Zeller has reported twelve cases which he has treated by Bier's method. One was a case of tuberculosis of the carpal joints in a phthisical patient. The result was a brilliant one.

The case of knee tuberculosis in a phthisical man, fifty years of age, was for a short time improved, but eventually came to amputation.

Two cases of disease of the elbow-joint were only cured by partial resection and iodoform injection. The hyperæmia seemed to have made them worse.

Two knee-joints and two tarsal tuberculoses were treated with the addition of iodoform injections, and ideal results were obtained.

He presented a young maiden who showed scarcely a sign of the former disease, and who had almost a perfectly movable knee, which had cured in five months, and which for four months had had no treatment.

A seven-year-old boy, whose knee-joint had been diseased for three months, but for the past two months had been perfectly useful, was presented.

Zeller found that the congestive hyperæmia always quickly diminished the pain, but after a time the favorable progress of the case came to a stand-still, and when the treatment alone was continued, the case grew worse. Either abscesses formed, which by puncture and iodoform injection quickly healed ; or the disease extended with the formation of granulation tissue within and outside of the joint.

Zeller recommends the treatment when it can be associated with other methods such as iodoform injection and immobilization. It seems to give especially good functional results. Iodoform seems also to operate more quickly and effectively in hyperæmic tissue. The treatment seems also to diminish the danger of atrophy and disturbances of development of the limb.

He recommends this treatment especially in joint tuberculosis.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXIII Kongress, 1894.

### IX. A Peculiar Form of Skin Gangrene and Pustulæ.

By Dr. J. ROTTER (Berlin). Rotter presented a twenty-three-year-old man, who had suffered from the beginning to the end of the second week of the disease with a gangrene of the skin which extended into the fascia, and which involved nearly half of the surface of the right leg.

From the beginning of the second until the end of the fifth week of the disease there appeared upon the right leg ten pustulæ the size of a silver half-dollar, each containing bloody pus, and involving the tissues down to the superficial layer of the deep fascia. From the beginning of the second week until the end of the disease—fourth month—some twenty-five or thirty small pustules involving only the skin, and containing bloody pus, appeared upon the right leg, scrotum, and penis.

Rotter was able to isolate a bacillus from the pus, which was regarded as the cause of the disease, because,—

(1) It was constantly present in the gangrene and in the pustulæ ;